

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10 594516 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	2					
4	1					
5	1					
6	1					
7	1					
8	0					
9	1					
10	1					
11	0					
12	0					
13	0					
14	0					
15	0					
16	0					
17	0					
18	0					
19	0					
20						
21						
22						
23						
24	2					
25	0					
26	0					
27	0					
28	1					
29	1					
30	2					
31	0					
32	0					
33	0					
34	0					
35	1					
36	1					
37	2					
38	1					
39	1					
40	1					
41	1					
42						
43						
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45						
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48						
49						
50						
TOTAL IND.	8					
TOTAL DEP.	37					
TOTAL CLAIMS	45					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						